

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1951

State File No. 2380
 Registrar's No. 636

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO 2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4325 Couzen Ave</u>			H. STREET ADDRESS (If rural, give location) <u>4325 Couzen Ave</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Briscot</u> c. (Last) <u>Briscot</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cold</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov 25 1873</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>77 11 22</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Papin MO. D</u>	
13a. FATHER'S NAME <u>Henry Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Jenn Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Princella Jones</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <u>General Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 27, 1950</u> , to <u>Jan 17, 1951</u> , that I last saw the deceased alive on <u>Jan 17, 1951</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>St Louis Schuchat, m.d.</u>		23b. ADDRESS <u>2200 Chouteau Ave</u>		23c. DATE SIGNED <u>1-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father DuRoi</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>JAN 22 1951</u>		24f. REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>U. L. Beal</u>		24h. ADDRESS <u>2726 Lucas</u>		24i. DATE <u>1-22-51</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4049 St Jerome*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.